MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06729

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: ~~STATE~~ District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	M.	Barker	July	11	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Aug. 4, 1866	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Gaiter & Mechanic (Retired)		Mt. Victoria, Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Barker	Eliza Crain Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No			Bernard L. Groves

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 **Immediate cause** (a) Uremia — 7-8-49

13/a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Coitis Vascular Renal Disease — ?
(c) Gen. Art. Sclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 7-8, 1949, to 7-11, 1949, that I last saw the deceased alive on 7-10, 1949, and that death occurred at 9:00 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. Edelen	M.D.	La Plata Md	7-11-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-13-49	Waverly	Wayside Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/11/49	Julia H. Casey	Hunt & Ryon	Waldorf, Md

RECEIVED
JUL 14 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

P6730

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Waldorf; STATE MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Waldorf, Md.; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
J.	Clifford	Berry	7	21	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	If under 24 hrs. Days	Hours	Min.
M	W	Married	7/2/60	89 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farming		Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas B. Berry	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		None	Mrs. Eloise Edelen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Apoplexy

442 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-vas. Renal Dis

(c) Senility

INTERVAL BETWEEN ONSET AND DEATH: years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Jan 27, 19 49, to 7/21, 19 49, that I last saw the deceased alive on 7/21, 19 49, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M.D. Waldorf, Md. 7/22/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 25/49	St Marys	Leonardtown	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 24 1949	M. L. Mowers	Hewitt & Ryon	

RECEIVED
AUG 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

06731

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Welcome
LENGTH OF STAY (In this place) one day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mr. Blossom Point

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [redacted] Dist. of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 14 - 8th St., N.E.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) F. (Last) Cryer

4. DATE OF DEATH (Month) July (Day) 24 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH June 3, 1905
9. AGE last birthday 44 yrs. If under 1 year Months 1 Days 21 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Automobile
11. BIRTHPLACE (State or foreign country) St. Mary's Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph T Cryer
14. MOTHER'S MAIDEN NAME Marish Bullock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO.
17. INFORMANT S. L. Long (friend), 102-8th St NE, Wash., DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

929.8
183

Immediate cause (a) accidental drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH minutes

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Potomac River (CITY OR TOWN) Mr. Welcome (COUNTY) Charles (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 7-24-49 2:15 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Went down while swimming

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) James L. MacKavanagh, M.D., Deputy Medical Examiner, La Plata, Md. ADDRESS DATE SIGNED 7-24-49

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF July 25-49 NAME OF CEMETERY OR CREMATORY Arlington Mem LOCATION (City, town, or county) Arlington Va. (State)

DATE REC'D BY LOCAL REG. July 25 1949 REGISTRAR'S SIGNATURE M. L. Moore
24. FUNERAL DIRECTOR Hunt H. Dyer ADDRESS

Aug 2, 1949 Julia H. Pasey

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF ~~STILLBIRTH~~ Death

Reg. Dist. No. 100 — 06732

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County Charles

City or town Spring Hill
(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution:

Length of mother's stay in County
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland

County Charles

City or town Spring Hill
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If RURAL give LOCATION)

3. Name of child EMILY THERESA ~~Stillborn~~ Duckett

4. Date of birth 7-20-49 19 Hour 8:30 A. M.

5. Sex Female | 6. Twin or triplet

7. No. of weeks pregnancy 28

FATHER OF CHILD

8. Full name Louis Winston Jaxon

9. Color col. 10. ~~Age~~ at time of this birth 40 yrs.

11. Usual occupation PASTORAL

MOTHER OF CHILD

12. Full maiden name Ella Louise Duckett

13. Color col. 14. Age at time of this birth 20 yrs.

15. Usual occupation Domestic

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 1

(b) How many other children were born alive but are now dead? 1 (c) How many other children were *born* dead? 0

17. Did child die before labor? no During labor? no

18. Pregnancy, complications of Unknown

19. Labor: (a) Complications of

(b) Induced?

20. (a) Was there an operation for delivery? (Yes or No)

(b) State all operations, if any

(c) Did child die before operation?

During operation?

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes 776

(b) Maternal causes Unknown 759

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

Signature Julia H. Pacey Registrar
(Specify if M. D., midwife, or other)

Address La Plata, Md.

23. (a) Burial (Burial, cremation or removal) (b) Date thereof 7-20-49 (month) (day) (year)

(c) Cemetery or crematory Briscoe, Pisgah, Md

24. (a) Funeral director Morgan Duckett

(b) Address La Plata, Md.

25. (a) 7/20/49 (Date rec'd by registrar) (b) Julia H. Pacey (Registrar)

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.

W. A. Jones Health Officer, per

V. S. A10

* See Instruction C on stub.

RECEIVED
JUL 26 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06733

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) (Last) Lyon

4. DATE OF DEATH (Month) July (Day) 6, (Year) 1949

5. SEX Male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH May 6, 1867

9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) La Plata, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James T. Lyon

14. MOTHER'S MAIDEN NAME Rebecca Lyon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Aubrey Lyon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage from Esophageal Vessel	7-5-49
420.2 Antecedent cause(s)		7-7-49
124b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cirrhosis of Liver	6-10-48
	(c) Generalized Art. Sclerosis c̄ Angina Pectoris	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-10, 1949, to 7-7, 1949, that I last saw the deceased alive on 7-6, 1948, and that death occurred at 7:15 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) E. Redelen M.D. ADDRESS La Plata Md. DATE SIGNED 7-7-49

23. BURIAL, CREMATION REMOVAL (Specify) Burail

DATE 7-8-49

NAME OF CEMETERY OR CREMATORY Mt. Rest

LOCATION (City, town, or county) (State) La Plata, Charles, Maryland

DATE REC'D BY LOCAL REG. 7-8-49

REGISTRAR'S SIGNATURE Julia H. Posey

24. FUNERAL DIRECTOR Huntt & Ryon, Waldorf, Md ADDRESS

RECEIVED
JUL 9 1949
BUREAU V. S.

06734

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians' Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Vernon (Middle) A. (Last) Moore
4. DATE OF DEATH (Month) July (Day) 21 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Apr. 12 1878
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) White Plains, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Benjamin Warren Moore
14. MOTHER'S MAIDEN NAME Mary Elizabeth Rokey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Edgar Moore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intestional Obstruction	7-19-49
153 Antecedent cause(s)	(b) C.A. Descending Colon	1948
46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 5:30 P.m., from the causes and on the date stated above.

SIGNATURE J. Edelen (Degree or title) M.D. (EST) ADDRESS La Plata Md DATE SIGNED 7-21-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7/23/49
NAME OF CEMETERY OR CREMATORY St. Pauls
LOCATION (City, town, or county) (State) Waldorf Md

DATE REC'D BY LOCAL REG. 7/23/49
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf, Md. ADDRESS

M

I

T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 29 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06735

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pepper Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryantown — La Plata
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) G (Last) Smallwood

4. DATE OF DEATH: (Month) 7 (Day) 28 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: 6-7-83

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Charles Co

12. CITIZEN OF WHAT COUNTRY: U S

13. FATHER'S NAME: Rufus Smallwood

14. MOTHER'S MAIDEN NAME: Catherine Coombs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT: C. M. Clague

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 1945

002 Antecedent cause(s)

138 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-30, 1949, to 7-28, 1949, that I last saw the deceased alive on 7-27, 1949, and that death occurred at 12:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. Edelen M.D. La Plata, Md 7-28-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 7/29/49 | NAME OF CEMETERY OR CREMATORY: St. Joseph's | LOCATION (City, town, or county) (State): Pomfret, Md.

DATE REC'D BY LOCAL REG.: May 30 1949 | REGISTRAR'S SIGNATURE: M. L. Thomas

24. FUNERAL DIRECTOR: Hunt & Ryon — ADDRESS

Aug 2, 1949 Julia H. Posey

VS. A15

RECEIVED
AUG 4 1949
BUREAU V. S.

06736

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Benedict
LENGTH OF STAY (in this place) 1/2 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Patuxent River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural give location) 3701 – Columbia Pike

3. NAME OF DECEASED (Type or Print) (First) Lawrence (Middle) Lester (Last) Smith

4. DATE OF DEATH (Month) 7 (Day) 17 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 9-2-24
9. AGE last birthday 24 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY Auto mechanic school
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lee A Smith
14. MOTHER'S MAIDEN NAME Edith Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) World War II
16. SOCIAL SECURITY NO.
17. INFORMANT Lee A. Smith Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.8 Immediate cause (a)

Antecedent cause(s)

183 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Apparently, accidental drowning — Minutes

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Apparently accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Patuxent River (CITY OR TOWN) Benedict (COUNTY) Charles (STATE) Md.
TIME OF INJURY (Month) 7 (Day) 17 (Year) 49 (Hour) 12 m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Said to have jumped out of boat.

22. I hereby certify that I attended the deceased ~~from~~ on July 18, 1949, to ....., 19....., that I last saw the deceased ~~alive~~ on July 18, 1949, and that death occurred ~~at~~ about 12.00 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James L. MacKavanagh, M.D. ADDRESS Deputy Medical Examiner, La Plata, Md. DATE SIGNED 7-18-49

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE 7/21/49
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. July 19-49 July 20, 1949
REGISTRAR'S SIGNATURE M. L. Moore Julia H. Posey
24. FUNERAL DIRECTOR Hunt & Ryan ADDRESS Waldorf, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

C6737

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Chas.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grayton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Harrington (Last) STONESTREET, Jr.

4. DATE OF DEATH (Month) JULY (Day) 6 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH June 25, 1949
9. AGE last birthday yrs. If under 1 year Months Days 11 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) La Plata, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Harrington Stonestreet
14. MOTHER'S MAIDEN NAME Josephine Loretta Mudd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Joseph H. Stonestreet

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio-Respiratory Failure	12 HOURS
274 Antecedent cause(s)		
65b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Adrenal (Cortical) Insufficiency	11 days.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 25, 1949, to JULY 6, 1949, that I last saw the deceased alive on JULY 6, 1949, and that death occurred at 12 10 P.m., from the causes and on the date stated above.

SIGNATURE John H. Griffin, M.D. (Degree or title) (EST) ADDRESS Hughesville, Maryland DATE SIGNED 7/6/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7/7/49
NAME OF CEMETERY OR CREMATORY St. Mary's
LOCATION (City, town, or county) (State) Bryantown, Md

DATE REC'D BY LOCAL REG. 7/7/49
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Hunt & Ryon, Waldorf, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 8 1949
BUREAU V. S.

06738

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH:

County: Charles

City or town: Indian Head, Maryland (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 33 years.

Hospital, institution, or street address where death occurred: 18 W. Patton Road, Indian Head, Md

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Indian Head, (If outside city or town limits, write RURAL and give nearest town)

Street No. 18 W Patton Rd, (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Mary Angela TORRENS

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White-US	Widow

6.(b) Name of husband ~~or wife~~ (H) Francis TORRENS

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept. 1 1877

8. AGE: Years 71 Months 10 Days 5 If less than one day ..... hrs. ..... min.

9. Birthplace: Washington, D.C. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: none

FATHER
12. Name: John HEALY
13. Birthplace: Ireland

MOTHER
14. Maiden name: Unknown
15. Birthplace: Ireland

16. Informant: Daughter: (Sister Francis Angela

Address: Norfolk, Virginia.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 11, 1949 (month) (day) (year)

Cemetery or crematory: Arlington National Cem.

Location: Arlington, Virginia.

18. Funeral director: Taltavull Funeral Home

Address: Washington, D.C.

19. July 6 1949 (Date rec'd by registrar) Odey Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 6 1949, at 1230P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 29 June 1949 to 6 July 1949 and that I last saw her alive on 6 July 1949 10:00 AM

Immediate cause of death: MYOCARDITIS Acute — DURATION: 30 days

Due to: CHRONIC ARTHRITIS, Indefinite

Due to: 724 930

Other conditions: Senility

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J.E. ANDREWS, CAPT (MC) USNRET M. D. or other

Address: USNPF, Indian Head, Md. Date signed: 7-6-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 27 1949
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06739

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wayside; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wayside; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Barbara (Middle) Woodland (Last)

4. DATE OF DEATH: (Month) 7 (Day) 3 (Year) 1949

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 3-21-1859

9. AGE last birthday: 90 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Olivia ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Edgar Butler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CHR. MYOCARDITIS — Interval between onset and death: 6 YRS

422.2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

932 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE, 1943, to JUNE, 1949, that I last saw the deceased alive on JULY 2 1949 and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ernest Spencer J. M.D. BELTON Md.

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 7-6-49 | NAME OF CEMETERY OR CREMATORY Shiloh Methodist | LOCATION (City, town, or county) Charles Co. (State) Md.

DATE REC'D BY LOCAL REG. 7/6/49 | REGISTRAR'S SIGNATURE Julia H. Vasey | 24. FUNERAL DIRECTOR H.S. Washington & Sons. | ADDRESS 467 N St. N.W. Washington D.C.

RECEIVED
JUL 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

#067411

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hughesville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) P. (Last) Woodland

4. DATE OF DEATH: (Month) 7 (Day) 29 (Year) 1949

5. SEX: F

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2/16/97

9. AGE last birthday: 52 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward Slater

14. MOTHER'S MAIDEN NAME: Rosie Harley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: John Charles Woodland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

331 Antecedent cause(s)

830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) High Blood Pressure

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/25, 1949, to 7/29, 1949, that I last saw the deceased alive on 7/29, 1949, and that death occurred at 6.45 A m., from the causes and on the date stated above.

SIGNATURE Levin J. Sothoron M.D. (Degree or title) ADDRESS Charlotte Hall Md. DATE SIGNED 7/30-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 8/1/49 | NAME OF CEMETERY OR CREMATORY: St. Mary's | LOCATION (City, town, or county) (State): Bryantown, Md.

DATE REC'D BY LOCAL REG.: 7/31/49 | REGISTRAR'S SIGNATURE: Julia H. Posey | 24. FUNERAL DIRECTOR: Hewitt & Ryon ADDRESS: Waldorf, Md.

VS. A15

RECEIVED
AUG 3 1949
BUREAU V. S.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06741

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Doncaster
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) I. (Last) WRIGHT

4. DATE OF DEATH (Month) 7 (Day) 30 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 3/11/67
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Uzial Wright
14. MOTHER'S MAIDEN NAME Betty Henderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs Doris N. DeLogier

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CEREBRAL HEMORRHAGE, LEFT	5 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) GENERALIZED ARTERIO-SCLEROSIS	UNKNOWN
	(c)	

331
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7/24, 1949, to 7/30, 1949, that I last saw the deceased alive on 7/30, 1949, and that death occurred at 12 15 A.m., from the causes and on the date stated above.

SIGNATURE John H. Griffin, M.D. (Degree or title) ADDRESS Hughesville, Md. DATE SIGNED 7/30/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8-2-49
NAME OF CEMETERY OR CREMATORY Nanjamoy Baptis
LOCATION (City, town, or county) Nanjamoy, Md (State)

DATE REC'D BY LOCAL REG. 7/31/49
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf, Md.

RECEIVED
AUG 3 1949
BUREAU V. S.